

15 APR 22 PH 2:05

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF SHAK HILL

ADDRESS (number and street)

PO BOX 486

Check if different  
than previously  
reported. (ACC)

CENTREVILLE

VA

20122

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00546705

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

AMENDED  
(A)

VA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M D D Y Y

Y Y

in the  
State of

VA

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

Special (30S)

Election on

M M Y Y

Y Y

in the  
State of

VA

5. Covering Period

M M D D Y Y Y Y  
01 01 2015

through

M M D D Y Y Y Y  
03 31 2015

M M D D Y Y Y Y  
03 31 2015

M M D D Y Y Y Y  
03 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robin Hill

Signature of Treasurer

Robin Hill

*Robin Hill*

Date

M M D D Y Y Y Y  
04 15 2015

M M D D Y Y Y Y  
04 15 2015

M M D D Y Y Y Y  
04 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)